

Entered -6-15-99 - sb  
CL 99L0368 - GWENDOLYN BURNS

CLAIM OF:

**PHILIP S. WINGATE**  
1324 Witter Street  
Charleston, South Carolina 29412

For damages alleged to have been sustained when a vehicle drove over an exposed manhole on April 30, 1999 at Pine Street & Techwood Drive.

THIS ADVERSED REPORT IS  
APPROVED

BY: \_\_\_\_\_

  
ROBERT N. GODFREY  
DEPUTY CITY ATTORNEY

**DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. 99L0368

Date: December 27, 2000

Claimant /Victim PHILIP S. WINGATE  
BY: (Atty) (Ins. Co.) \_\_\_\_\_  
Address: 1324 Witter Street, Charleston, South Carolina  
Subrogation: \_\_\_\_\_ Claim for Property damage \$ 2,360.12 Bodily Injury \$ \_\_\_\_\_  
Date of Notice: 6/14/99 Method: Written, Proper X Improper \_\_\_\_\_  
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  
Date of Occurrence 5/3/99 Place: Pine Street & Techwood Drive  
Department \_\_\_\_\_ Division \_\_\_\_\_  
Employee involved \_\_\_\_\_ Disciplinary Action: \_\_\_\_\_

**NATURE OF CLAIM:** Claimant alleges that his vehicle sustained damage when he drove over an exposed manhole in the roadway that was under construction and left in an unsafe condition. An investigation determined that an outside contractor performed the work at the incident location. The Claimant has been advised that his claim has been forwarded to the contractor for resolution.

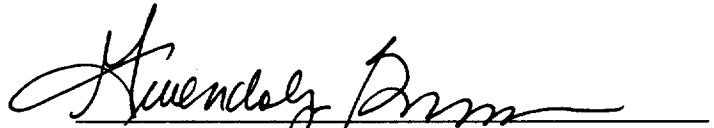
**INVESTIGATION:**

Statements: City employee \_\_\_\_\_ Claimant \_\_\_\_\_ Others \_\_\_\_\_ Written \_\_\_\_\_ Oral \_\_\_\_\_  
Pictures \_\_\_\_\_ Diagrams \_\_\_\_\_ Reports: Police \_\_\_\_\_ Dept Report \_\_\_\_\_ Other X  
Traffic citations issued: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_  
Citation disposition: City Driver \_\_\_\_\_ Claimant Driver \_\_\_\_\_

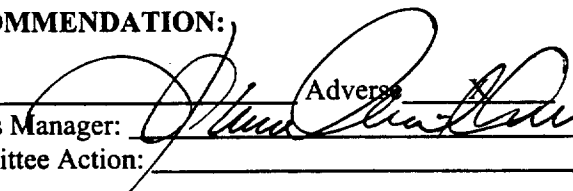
**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial \_\_\_\_\_  
Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other X Damages reasonable \_\_\_\_\_  
City not involved X Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
Claimant Negligent \_\_\_\_\_ City Negligent \_\_\_\_\_ Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

  
INVESTIGATOR: GWENDOLYN BURNS

**RECOMMENDATION:**

Pay \$ \_\_\_\_\_ Adverse X Account charged: 1A01 \_\_\_\_\_ 2J01 \_\_\_\_\_ 2H01 \_\_\_\_\_  
Claims Manager:  Concur/date 12-27-00  
Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

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ENTERED - 6-15-99 - SB  
99L0368 - MIKE REEVES

Reeves

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 6/9/99

06/14/99

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2360.12 property and/or \$ \_\_\_\_\_ bodily injury for which I contend the City is liable.

1. Date of incident: 4/30/98 (month/day/year) 2. Time of Incident: 10:30 - 11:00 pm 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): Pine Street near Techwood.
5. Name of your insurance company: State Farm Policy No. 401171R76
6. State what and how incident occurred: 10:30 - 11:00 I ran over a manhole pipe sticking up about 12-15 inches. The street was not well lit nor was there a barricade or warning of any type.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
- Your vehicle: Pont 1991 SC352H4Z Philip S. Wingate  
(Make) (Year) (Tag Number) (Driver's Name)
- City vehicle: \_\_\_\_\_  
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Adrianne Lowman 2222 Ashly River Rd. Chas. S.C. 843  
(Name) (Address) (Telephone Number) 556-7240

10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees.
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Philip S. Wingate  
Signature of Claimant

01-R-0045

Philip S. Wingate  
(Print Claimant's Name)1324 Witter St.  
(Address)Charleston S.C. 29412  
(City, State and Zip Code)